

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. Amelia R. Pearson
 President
 Govt Union Community College
 c/o Robert T. Meadows
 P. O. Drawer 2268
 Opelika, AL 36803-2268

07cv967 S+ And Cmp

2. Article Number
(Transfer from service label)

7008 0500 0000 2995 4618

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bradley Byrne
 Chancellor
 State of Alabama Department of Postsecondary Education
 c/o Robert T. Meadows
 P. O. Drawer 2268
 Opelika, AL 36803-2268

07cv967 S+ And Cmp

2. Article Number
(Transfer from service label)

7008 0500 0000 2995 4632

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Susan Salatto
 c/o Robert T. Meadows
 P. O. Drawer 2268
 Opelika, AL 36803-2268

07cv967 S+ And Cmp

2. Article Number
(Transfer from service label)

7008 0500 0000 2995 4601

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Andy Monday*
 Agent
 Addressee

B. Received by (Printed Name)

Andy Monday

C. Date of Delivery

8/8/08

D. Is delivery address different from Item 1?
 If YES, enter delivery address below:
 Yes
 No

AUG 08 2008

3. Service Type

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes
 COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Andy Monday*
 Agent
 Addressee

B. Received by (Printed Name)

Andy Monday

C. Date of Delivery

8/8/08

D. Is delivery address different from Item 1?
 If YES, enter delivery address below:
 Yes
 No

AUG 08 2008

3. Service Type

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes
 COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Andy Monday*
 Agent
 Addressee

B. Received by (Printed Name)

Andy Monday

C. Date of Delivery

8/8/08

D. Is delivery address different from Item 1?
 If YES, enter delivery address below:
 Yes
 No

AUG 08 2008

3. Service Type

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

7008 0500 0000 2995 4601

PS Form 3811, February 2004

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102595-02-M-1540